

UNITED STATES DISTRICT COURT

for the

District of OREGON

9th DivisionCase No. **3:17-CV-1069-PK**

(to be filled in by the Clerk's Office)

Carol Adrianne Smith

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Portland Community College

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Jury Trial: (check one) ☒ Yes ☐ No

COMPLAINT FOR EMPLOYMENT DISCRIMINATION

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Carol Adrianne Smith
Street Address	14341 SW Teal Blvd 77B
City and County	Beaverton
State and Zip Code	Oregon 97008
Telephone Number	503 317 0006
E-mail Address	adriannes7@yahoo.com

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1

Name	Mr. Al McQuarters
Job or Title <i>(if known)</i>	Academic Dean and Interim Dean of Instruction SE Campus
Street Address	C/O Office of the President Box 19000 SY CC 233C
City and County	Portland
State and Zip Code	Oregon 97280
Telephone Number	
E-mail Address <i>(if known)</i>	

Defendant No. 2

Name	Ms. Alexie McNerthy
Job or Title <i>(if known)</i>	Teacher
Street Address	Same as President Office
City and County	
State and Zip Code	
Telephone Number	
E-mail Address <i>(if known)</i>	

Defendant No. 3

Name	Mr. Kevin Lein
Job or Title <i>(if known)</i>	Teacher
Street Address	same as above
City and County	
State and Zip Code	
Telephone Number	
E-mail Address <i>(if known)</i>	

Defendant No. 4

Name	Ms Sandy Nep
Job or Title <i>(if known)</i>	Portland Community College teacher
Street Address	same as above
City and County	care of Presidents Office
State and Zip Code	
Telephone Number	
E-mail Address <i>(if known)</i>	See attached for rest of defen

C. Place of Employment

The address at which I sought employment or was employed by the defendant(s) is

Name	Portland Community College
Street Address	P.O. Box 19000
City and County	Portland
State and Zip Code	Oregon, 97280-0990
Telephone Number	

II. Basis for Jurisdiction

This action is brought for discrimination in employment pursuant to *(check all that apply)*:

- ☒ Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race, color, gender, religion, national origin).

(Note: In order to bring suit in federal district court under Title VII, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)

- ☐ Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621 to 634.

(Note: In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file a charge with the Equal Employment Opportunity Commission.)

- ☒ Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§ 12112 to 12117.

(Note: In order to bring suit in federal district court under the Americans with Disabilities Act, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)

- ☒ Other federal law *(specify the federal law)*:

42 US 1983, 1st, 4th, 14th Amendment Rights, 42 US 1981; 42 US 1985 Declaratory relief; Title I, 42 U.S.C. 12111; Title II, VII (Violation on Basis of Race for Common Law, Wrongful discharge in violation of Public Policy); 29 U.S.C.A 206(d) Violation of Equal Pay Act and her federal constitutional substantive and procedural due process rights, liberty interests and her rights to equal protection

- ☒ Relevant state law *(specify, if known)*:

Discrimination/Retaliation based on sex (ORS 659A.030); Retaliation for Invoking Disability Related Right (659A.109); Disability/Perceived Discrimination (ORS 659A.112); Failing to engage in the Interactive Process (ORS 659A.112); Failure to Make Reasonable Accommodation (ORS 659A.112); Whistleblower Retaliation (ORS 659A.199 and 659A.203); Aiding and Abetting in Discrimination and Retaliation against Alfred McQuarters and others; Failure to Make reasonable accommodations in Workplace under ADA Act; Employer for Breach of Covenant of Good Faith and Fair Dealing in Employment Contract, Breach of Due Process Clause; ORS 199, ORS 659A.203; ORS 659.171-183; ORS 652.230; Employee right of Action against employer for unpaid wages and damages; ORS 652.220 Prohibition of discriminatory wage rates based on sex; employer not to discriminate against employee who is complainant; ORS 652.355 Prohibition of discrimination because of wage claim; ORS 659A.142 Discrimination against individual with disability by employment agency, labor organization, place of public accommodation or state government prohibited; ORS 243.672(1)(a); OR Rev. Stat 12.110; Fraud; ORS 12.120 (2016); 2015 ORS 15.380 et seq.; Slander and Libel; Violation of Weingart right and violation of state substantive and procedural due process rights, liberty interests, and her right to equal protection

☐

Relevant city or county law (specify, if known):

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. The discriminatory conduct of which I complain in this action includes (check all that apply):

- ☒ Failure to hire me.
- ☒ Termination of my employment.
- ☒ Failure to promote me.
- ☒ Failure to accommodate my disability.
- ☒ Unequal terms and conditions of my employment.
- ☒ Retaliation.
- ☒ Other acts (specify): Slander, libel, Violation of Due Process, Equal Pay Violation

(Note: Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court under the federal employment discrimination statutes.)

B. It is my best recollection that the alleged discriminatory acts occurred on date(s)

The last action was June, 2017. Please see attached

C. I believe that defendant(s) (check one):

- ☒ is/are still committing these acts against me.
- ☐ is/are not still committing these acts against me.

D. Defendant(s) discriminated against me based on my (check all that apply and explain):

- ☒ race Black African American
- ☒ color Brown
- ☒ gender/sex Female
- ☐ religion _____
- ☐ national origin _____
- ☐ age (year of birth) _____ (only when asserting a claim of age discrimination.)
- ☒ disability or perceived disability (specify disability)
hands, neck, and shoulder, (thoracic outlet syndrome)

E. The facts of my case are as follows. Attach additional pages if needed.
 Please see attached.

(Note: As additional support for the facts of your claim, you may attach to this complaint a copy of your charge filed with the Equal Employment Opportunity Commission, or the charge filed with the relevant state or city human rights division.)

IV. Exhaustion of Federal Administrative Remedies

- A. It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission or my Equal Employment Opportunity counselor regarding the defendant's alleged discriminatory conduct on (date)

August 2015 charge activated 10/2015 withdrew claim due to exceeding 180 day 06/2017

- B. The Equal Employment Opportunity Commission (check one):

- ☐ has not issued a Notice of Right to Sue letter.
- ☒ issued a Notice of Right to Sue letter, which I received on (date) 6/1/2017

(Note: Attach a copy of the Notice of Right to Sue letter from the Equal Employment Opportunity Commission to this complaint.)

C. Only litigants alleging age discrimination must answer this question.

Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding the defendant's alleged discriminatory conduct (*check one*):

- ☐ 60 days or more have elapsed.
☐ less than 60 days have elapsed.

V. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

Please see attached

VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 7/9/2017

Signature of Plaintiff

Printed Name of Plaintiff Carol Adrienne Smith, M.S.

B. For Attorneys

Pro Se 7 (Rev. 12/16) Complaint for Employment Discrimination

Date of signing: _____

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Street Address

State and Zip Code

Telephone Number

E-mail Address

